

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">16</table> / <table border="1" style="display:inline-table; margin:0 5px;">2020</table>	
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <table border="1" style="display:inline-table; margin:0 5px;">695.20</table>	
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJD5 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">837409.13</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">07</table> / <table border="1" style="display:inline-table; margin:0 5px;">16</table> / <table border="1" style="display:inline-table; margin:0 5px;">2020</table>	
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <table border="1" style="display:inline-table; margin:0 5px;">695.20</table>	
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJE3 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">18648.38</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;">1390.40</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ►	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

 /

 /

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00609388 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 17 / 2020</div> </div>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">692.80</div>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJF1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Trump, Donald, J., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►		

837409.13

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 17 / 2020</div> </div>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">692.79</div>		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJG9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Tillis, Thom, R., ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►		

18648.38

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1385.59</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 21 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 688.82		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJH7		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		837409.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 688.83		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJJ5		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		18648.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1377.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 21 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 667.68		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJK2		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		837409.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Break Something Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2020		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount 667.67		
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJM0		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Tillis, Thom, R., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		18648.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1335.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 21 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Break Something Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2020
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 636.30
City Washington	State DC	Zip Code 20036-3040
Purpose of Expenditure Digital Advertisements - Estimate	Category/ Type	Transaction ID : VTDG0AEHJN8 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Trump, Donald, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 837409.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Break Something Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2020
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 636.31
City Washington	State DC	Zip Code 20036-3040
Purpose of Expenditure Digital Advertisements - Estimate	Category/ Type	Transaction ID : VTDG0AEHJP6 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Tillis, Thom, R., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 18648.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1272.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Shropshire, Adrienne, R., ,***[Electronically Filed]**

Date

MM / DD / YYYY
07 / 21 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	6	OF	6
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Black PAC		FEC IDENTIFICATION NUMBER ▼ C C00609388	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Break Something Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 548.21	
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJQ4
Purpose of Expenditure Digital Advertisements - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Break Something Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2020	
Mailing Address 1701 Rhode Island Ave NW FI 5		Amount 548.20	
City Washington	State DC	Zip Code 20036-3040	Transaction ID : VTDG0AEHJR2
Purpose of Expenditure Digital Advertisements - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Tillis, Thom, R., ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1096.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	7858.01

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 21 / 2020

Signature